

Jacksons Gymnastics of Orlando

2017 Summer Camp Registration Form

June 5th-August 11th

- Ages 3 and up
- Camp hours 9:00-4:00
- Extended hours **8:00-6:00**
- PIZZA DAY: Wednesdays! (\$5.00)
- Pack lunch, snacks, and drinks
- Gymnastics, races, arts & crafts, and fun!

Camp Pricing

5 Full Day: \$125.00
 4 Full Day: \$100.00
 3 Full Day: \$75.00
 Daily: \$35.00
 Half Days: \$25.00
 Extended Care: \$10.00/day

CHILD'S NAME _____ AGE _____ DOB _____ Male _____ Female _____

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ADDRESS _____ CITY _____ ZIP _____

Parents Name _____ Contact Number _____

Emergency Number _____ Insurance Carrier _____

Allergies _____ Email _____

Authorized to sign-out: _____

Payment Option

Check Number _____ Cash _____ Credit Card _____ Total: _____

Circle Weeks You Want to Attend Camp

Week 1: June 5-9 Week 2: June 12-16 Week 3: June 19-23 Week 4: June 26-30
Week 5: July 5-7 Week 6: July 10-14 Week 7: July 17-21 Week 8: July 24-28
 Week 9: July 31-Aug 4 Week 10: Aug 7-11 **4th of July week we will be **Closed** the 3rd & 4th**

RELEASE AGREEMENT: STUDENTS ARE EXPECTED TO CARRY THEIR OWN ACCIDENT AND/OR MEDICAL INSURANCE. ANY ACTIVITY, SUCH AS GYMNASTICS, THAT INVOLVES MOTION AND/OR HEIGHT CREATES THE POSSIBILITY OF SERIOUS INJURY. ATHLETES, STUDENTS, AND PARENTS PARTICIPATING IN GYMNASTICS AND TUMBLING, SHOULD KNOW THEIR LIMITATIONS, UNDERSTAND WHAT IS EXPECTED OF THEM, APPRECIATE POSSIBLE RISKS, AND CONSULT THEIR INSTRUCTORS. I CERTIFY THAT, AS LEGAL PARENT/GUARDIAN, DO CONSENT AND AGREE TO INDEMNIFY AND HOLD HARMLESS JACKSONS GYMNASTICS OF ORLANDO LLC., TO PROVIDE CUSTOMARY MEDICAL/ATHLETIC TRAINING ATTENTIONS AND EMERGENCY MEDICAL SERVICES AS WARRANTED IN THE COURSE OF MY CHILD'S PARTICIPATION IN JACKSONS GYMNASTICS OF ORLANDO LLC. I FURTHER AUTHORIZE TO EXECUTE THAT CONSENT REQUIRED IN CONNECTION WITH EMERGENCY MEDICAL SERVICES. I HEREBY RELEASE JACKSONS GYMNASTICS OF ORLANDO LLC., IT'S OFFICERS, EMPLOYEES AND AGENTS FROM AND AGREE TO INDEMNIFY THEM AGAINST ANY LIABILITY ARISING OUT OF THE EXERCISE OF THE AUTHORITY HERE GRANTED, EVEN IF THE INJURY IS CAUSED IN WHOLE OR IN PART BY THE ACTS, OMISSIONS OR NEGLIGENCE OF JACKSONS GYMNASTICS.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN OF STUDENT ACKNOWLEDGES THEY ARE SIGNING ON BEHALF OF THEIR MINOR CHILD, WITH FULL UNDERSTANDING OF THE RISKS INHERENT IN GYMNASTICS AND TUMBLING.